September 28, 2012

<u>CERTIFIED MAIL</u> 7008 1300 0000 7158 0734

Administrator Quail Hollow Memory Care Community 221 Torbett St Richland, WA 99352

Boarding Home License #2090 Licensee: Emeritus Corporation

CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

This letter constitutes formal written notice of a continued stop placement order prohibiting admissions and the imposition of conditions on the license of your assisted living facility located at **221 Torbett St, Richland, Washington,** by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in the Laws of 1998, Chapter 272; RCW 18.20.190.

On September 19, 2012 the investigation was completed and a temporary stop placement order imposed in the letter dated September 6, 2012. The stop placement is now based upon alleged violations of:

WAC 388-78A-2630(1)(a) Reporting abuse and neglect

The facility failed to ensure that staff reported suspected abuse to the state hotline.

WAC 388-78A-2660(1) Resident rights.

The facility failed to ensure resident rights were protected by not ensuring that the residents' physician and/or residents representatives were notified when one resident experienced incidents of unusual pain, bleeding and bruising and when two resident's representatives were not notified about acting out behavior which place these two residents at potential risk.

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WAC 388-78A-2700(1)(2)(c)(i)(ii)(iii) Safety measures and disaster preparedness.

The facility failed to thoroughly investigate incidents of reported potential bleeding and pain and unusual bruising for 1 resident. The facility failed to follow its own plan of care for a second resident to ensure safety of a third resident.

The department, based on the findings of the inspection, has determined that the following condition shall be placed on your license:

- The facility must obtain from a resource outside of the facility and the corporation, to assist in the development, implementation and training on a new/revised policy regarding the process to determine how residents with dementia are determined to have the capacity to consent to include preventing exploitation of vulnerable residents.
- The Policy and training will identify for all staff what their roll is in the process of determining consent.
- The facility will meet with the Field Manager prior to the training to ensure that the training covers the identified failed practices in the inspection report dated September 19, 2012.
- The Licensee must post the Notice of Conditions of Operation in the boarding home in a location accessible to residents and visitors.

The stop placement order prohibiting admissions verbally imposed on September 4, 2012 remain in effect and will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20. The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your boarding home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by Jo Whitney, Field Manager at (509) 225-2823.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any preapproval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement of admissions. Administrator Quail Hollow Memory Care Community September 28, 2012 Page 3

The department will terminate the stop placement order prohibiting admissions on your license, when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

You may contest the imposition of a stop placement order prohibiting admissions on the license to your home by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies report must be included with your request. Send your request to:

Office of Administrative Hearings PO Box 42489 Olympia, Washington 98507-2489

As provided in RCW 18.20, you may question cited deficiencies identified in the Statement of Deficiencies report and/or this enforcement action through the department's informal dispute resolution process. During the informal dispute resolution process you also have the right to present written evidence refuting the deficiencies.

To request an informal dispute resolution meeting, send your written request to:

Informal Dispute Resolution Program Manager Aging and Disability Services Administration PO Box 45600 Olympia, Washington 98504-5600 Fax (360) 725-3225

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why you are disputing the deficiencies and/or enforcement action(s);
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this letter.

A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

Plan of Correction/Attestation

You must:

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Return the plan/attestation, on the enclosed report, within <u>10 calendar days</u> after you receive this letter. Include the following in you plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Jo Whitney, Field Manager
District 1, Unit C
3611 River Road, Suite 200
Yakima, WA 98902
Phone: (509) 225-2823 / Fax: (509) 574-5597

If you have any questions, please Jo Whitney at (509) 225-2823.

Sincerely,

Lori Melchiori, Ph.D. Assistant Director Residential Care Services

Enclosure

cc: Linda Ronco, Compliance Specialist
RCS Field Manager – District 1, Unit C
RCS District Administrator – Region 1
HCS Regional Administrator – Region 1
DDD Regional Administrator – Region 1
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA SE
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
Central Files